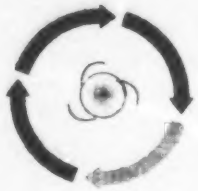
Working Together for Improved Mental Health



Mental Health Advisory Council

Report to the Minister

(1999 - 2000)

December 2000

101-05436/

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December 2000

Honourable Judy Junor
Associate Minister of Health
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Ms Junor:

The Mental Health Advisory Council (MHAC) is pleased to present our Annual Report for the fiscal year 1999-2000.

Shirley Skelton was chairperson during the 1999-2000 year and during this time our group worked together to examine the concerns discussed in the report from a wide perspective reflecting the varied backgrounds of our members. In doing so, we have come to appreciate the many challenges of our stakeholders, whether they be related to mental illness, economics, geography or any other factor.

We recognize and are pleased to see the spirit of cooperation and unanimity that has emerged amongst Council members. We want to make a difference! We want to see better strategies in place to relieve the pain that results when mental health problems arise.

It is in this spirit that we present the work of our previous year and look forward to focusing on our priority areas for the coming year.

Yours truly,

Dave Elliot
Chairperson
Mental Health Advisory Council

MENTAL HEALTH ADVISORY COUNCIL
REPORT TO THE MINISTER (1999-00)

Introduction

The following report will convey the composition and activities of the Saskatchewan Mental Health Advisory Council (MHAC) for 1999-00.

Purpose of the Mental Health Advisory Council

The Saskatchewan Mental Health Advisory Council advises the Minister and senior officials in Saskatchewan Health on policies, programs, priorities and resources aimed at meeting the mental health needs of the people of Saskatchewan. The Council also has the responsibility to monitor and review progress towards meeting established objectives.

Tasks of the Council

The Saskatchewan Mental Health Advisory Council will meet at least four times each year, two of which will be with the Minister, in order to undertake the following:

Policy Issues

Receive briefs and submissions concerning mental health issues, services and target groups.

Recommend policies which would help to meet identified needs, problems, concerns and issues.

Planning Activities

Recommend strategies to meet the identified needs, problems, concerns and issues related to mental health in Saskatchewan.

Recommend new program initiatives to meet emerging needs and/or to take advantage of existing opportunities.

Contribute ideas and suggestions to the annual strategic plan and budget for mental health services in Saskatchewan.

Advise on a communications strategy that would promote awareness of good mental health in the province.

Communication

Consult with stakeholders on mental health issues and report back on the activities of the Council.

Communication with the public and the Minister would seek to objectively weigh needs and assign priority from an overview perspective, rather than as an advocate for any one particular group.

Evaluation

Receive program and financial reports on the operation of mental health services in Saskatchewan.

Provide advice on a communications strategy that would promote awareness of mental health issues in the province.

Monitor and evaluate services in relation to existing needs and aspirations in Saskatchewan.

Review progress toward meeting established objectives.

Council Membership

There are currently fourteen members on Council. These members represent a broad range of geographic areas and perspectives from across the province.

The Terms of Reference of Council allow all members to serve for two consecutive three-year terms. Meetings are held on a quarterly basis.

The Minister of Health appoints a Chairperson to serve for a one-year term from the members on Council. No person remains in this position for more than three consecutive years. In November 1999, Shirley Skelton was re-appointed as Chairperson and Sherryl Mydonick was confirmed as Vice-Chairperson.

A complete listing of members and biographies can be found in Appendix A of this report.

The Work of the MHAC in 1999-00: Issues and Recommendations

The Council continued to work over the past year to assess the mental health needs of Saskatchewan people and provide recommendations to the Minister of Health to address those needs. In 1999-00, vital issues were identified and recommendations made to the Minister of Health. Subcommittees continued to work specifically on three issues: Aboriginal and Northern issues; Concurrent Disorders; and best practice issues in the treatment of the long-term mentally ill.

Aboriginal and Northern Issues

The Mental Health Advisory Council Report, *Recommendations to the Government of Saskatchewan to Address Aboriginal Mental Health Issues* was completed in November, 1999 and submitted to the Minister of Health. Included in the Report are nineteen recommendations regarding Aboriginal mental health issues.

Prevention and Health Promotion

Recommendation 1:
That a comprehensive provincial suicide ***prevention*** program be established and coordinated through health districts using a community development approach. That the strategy for suicide prevention be supported with appropriate resources to match needs in health districts.

Recommendation 2:
That comprehensive school health programs be further developed with a focus on integration of meaningful life skills training such as self-esteem, empathy, anger management, team building, conflict resolution, relationships, and parenting, etc. as an ongoing educational model in the schools.

Early Intervention

Recommendation 3:
That there be increased availability of home visitation and home support programs for newborn and infants at risk of developing health, social, or mental health issues.

Recommendation 4:
That there be intensive efforts towards rehabilitation of young offenders, those who have been in judicial institutions and the justice system. That these young offenders receive access to mental health services either individually or in a group setting.

Recommendation 5:
That early identification and treatment for young children and/or youth with mental health concerns be taken seriously with a concentrated effort on early intervention by professionals who work in the areas of education, health, social services, or justice.

Recommendation 6:
That a comprehensive provincial suicide ***intervention*** program be established and coordinated through health districts using a community development approach.

Community Development

Recommendation 7:
That there be a move towards training and education with grassroots people in the area of establishing self-help groups and general life skills programs by care providers who work in the area of mental health/wellness fields.

Recommendation 8:
That Saskatchewan Health, Aboriginal health authorities, and health districts collaborate on a common vision for mental health of Aboriginal people, as well as attainable goals and objectives. Healing strategies need to be developed in relation to the ongoing awareness, education, and therapy in regards to the issues of residential school syndrome (RSS), family violence, sexual abuse, spousal assault, verbal abuse, emotional abuse, elder abuse, alcoholism, addictions to drugs/solvents, gambling, low self-esteem, suicide, anger management, etc.

Comprehensive Integrated Care Issues

Recommendation 9:
That there be equal access to mental health services throughout Saskatchewan.

Recommendation 10:
That children in secure or open custody, institutional care, or in alternative homes receive access to mental health services.

Recommendation 11:
That the province increase efforts to train, recruit, and retain highly skilled mental health staff, especially child psychologists. That mental health workers are culturally sensitive and aware of Aboriginal issues, needs, and different belief systems. That scholarships or bursaries be developed and awarded to Aboriginal students working towards a whole range of disciplines in the areas of medical sciences and mental health.

Recommendation 12:
That there be increased linkages and partnerships formed between Saskatchewan Health, the Federation of Saskatchewan Indian Nations, Metis Nation of Saskatchewan, Tribal Councils, and Health Districts, as well as increased involvement of Aboriginal stakeholder groups to increase quality and quantity of mental health services to Aboriginal people province wide.

Recommendation 13:
That there needs to be an increase in integration of services among provincial government departments to best support those clients who have unique needs within their systems. Education, Health, Justice, and Social Services need to work together in a manner that

supports families and, in particular, children and youth. The FSIN Health and Social Development Commission could collaborate in the development of a Regional Interagency Committee (RIC) in the province to also support their membership.

Recommendation 14:
That there be increased effort by the Government of Saskatchewan, Population Health Branch, Saskatchewan Education, Saskatchewan Social Services, and Saskatchewan Justice to develop culturally sensitive health promotional information relevant to Aboriginal people. This should be done with input from Aboriginal organizations such as FSIN, Metis Council of Saskatchewan, Women of the Dawn, etc.

Recommendation 15:
That there be a commitment to funding long-term mental health care initiatives and facilities that would meet the needs of Aboriginal people. That collaborative approaches to funding (i.e., partnerships and joint ventures) be explored with Aboriginal stakeholders including First Nations, Metis, Federal Governments, and the Provincial Government of Saskatchewan.

Recommendation 16:
That there be a commitment to funding long-term suicide ***post-vention*** strategies between Saskatchewan Health, health districts, and Aboriginal health governing authorities.

Healing Strategies

Recommendation 17:
That there be intensive efforts towards recognizing, treating, and assisting clients and their families when there is an addiction problem within the home such as alcohol, drugs, solvents, and gambling. Special emphasis on youth addictions or abuse is required.

Public Awareness in Aboriginal Communities

Recommendation 18:
That there be an Aboriginal awareness campaign regarding the de-stigmatization of mental illness. This information would be geared towards family and community members. Information would be culturally sensitive and relevant to Aboriginal people.

Evaluation Funding

Recommendation 19
That evaluation funds be built into the budgets of all new government initiatives, projects, and programs.

Concurrent Disorders

Council worked on a joint subcommittee with the Alcohol and Drug Abuse Advisory Council (ADAAC) to discuss persons who are concurrently disordered with a mental disorder and a substance abuse problem or addiction. In 1999-00, the ADAAC/MHAC Concurrent Disorder Subcommittee worked to produce a document concerning provision of treatment and support services to this group. This document, along with recommendations for the Minister of Health, will be submitted in the summer of 2000.

Best Practice Issues in the Treatment of the Long-term Mentally Ill

A subcommittee of the MHAC examined best practice issues in the treatment of the long-term mentally ill. The subcommittee worked throughout 1999-00 to incorporate parts of the *Saskatchewan Mental Health Program Review (1999-00)* together with recommendations produced by the Federal/Provincial Mental Health Advisory Committee to produce a document that addresses best practices for the long-term mentally ill. This document, along with recommendations for the Minister of Health, will be submitted in the fall of 2000.

Items Discussed in 1999-00 Included:

Acute Psychiatric Facilities

Council toured the mental health inpatient services at Royal University Hospital and City Hospital in Saskatoon in May 1999. As well, Council toured the Regina General Hospital Mental Health Inpatient Services and Day Hospital Program in September 1999. The quality of the space provided for the acutely ill as well as the range of services available was discussed by Council following the tours. Members were impressed by the improvements evident in the new space in Regina and the physical environment at City Hospital was praised as positive, bright and friendly. Council noted some concerns such as cramped space and poor lighting regarding the Hantleman Unit at the Royal University Hospital. The need for acute care facilities to enhance and maintain links to community services was underlined by MHAC during its deliberations on facility issues.

Farm Stress

Council discussed issues related to the crisis in farming and noted that a farm stress consultant is a valuable resource for farm families and mental health professionals. Council feels it is very important to "get the word out" that psychological support as well as financial counselling is available and that the farm crisis has serious implications for everyone in this province.

Acute Care

Council noted that some health districts are facing deficits this year. Inpatient psychiatry has often been looked at as a place to cut expenses by reducing beds along with staff. Council feels these services can not tolerate any further cuts. Psychiatry is a specialty that relies not on equipment, but on people skills, good teaching, communication and coaching, often on a one-to-one basis.

Long-term Care

Council discussed issues relating to shortage of placement opportunities for the mentally ill elderly and "difficult-to-manage" clients. There is a need for 24-hour supervision and care for these clients but they appear to be unwanted in most long-term care facilities. Concerns about creating pressure and overload in the acute care wards and Saskatchewan Hospital North Battleford were also noted.

Nursing Education

Council noted that fewer nurses are graduating with a particular interest in psychiatry. There are concerns that as a result of psychiatric nursing education merging with general

nursing education, the program is no longer offering sufficient clinical experience in psychiatry and tending to steer students toward physical care.

Shortage of Professionals

Council discussed the significant shortage of professionals in all areas of health care. It was suggested that the government consider offering tax benefits over four or more years to new graduates to reduce the burden of student loans to those who choose to practice in Saskatchewan. Further incentives could be offered to those who go to northern and rural areas. Council feels that our best hope for filling professional vacancies is to keep those who have roots in the province.

Community Care

Council noted that although funding for home care has risen by 127% in this province, community care for the mentally ill has not been targeted for enhancement. In fact this area has suffered cuts, and caseloads were increased to a higher than recommended level.

Fetal Alcohol Syndrome

Council discussed issues related to children and youth with FAS. There is an ever-growing need for structured programming for this group and Council noted that a small percentage of very difficult children are receiving a disproportionate amount of attention and the larger group of affected children suffer from a lack of structured programming and a lack of enhancement of their strengths. Council raised questions about what is planned to address this need and how the system will cope when these children become adults in a few years.

Outreach

Council discussed the importance of a more assertive outreach approach for persons with severe mental illness. There continues to be a high mortality rate (especially suicide) amongst this population and the need to monitor and assist these individuals in the community was emphasised.

Poverty and Mental Illness

Council noted that the difficult housing situation for inner city dwellers, including a lack of rent control and a low vacancy rate, has created a financial hardship for inner city persons on social assistance who then have no money for food, medicine and other necessities of life.

Forensics and Mental Illness

Council began initial discussions about treatment within a forensic setting. Council acknowledged that these individuals are vulnerable in the prison setting and are seen as likely to re-offend once released.

Shortage of Beds

Council noted that the overall reduction in psychiatric inpatient beds over the last decade has contributed to the level of acuity rising in all inpatient facilities including Saskatchewan Hospital North Battleford. Demands on staff and ultimately on the community have increased since many of those who could benefit from earlier intervention are not being admitted to hospital.

Interdepartmental Collaboration

Council discussed the benefits of a holistic, collaborative approach to support and heal individuals and families. Council encourages the Ministers of Health, Social Services, Justice and Education to find ways to consult and cooperate with one another in caring for their clients.

Links Fostered Between Mental Health Stakeholders and the MHAC in 1999-00

Saskatchewan Alcohol and Drug Abuse Advisory Council (ADAAC)

MHAC continued to work with ADAAC to discuss concurrent disorder issues in 1999-00. Both Councils are linked to a broad range of clients who are dually diagnosed, either directly or through the community of service providers. A Concurrent Disorder Subcommittee formed from both MHAC and ADAAC continued deliberations and prepared recommendations for the Minister of Health.

The North and First Nations

With the completion of the Mental Health Advisory Council Report, *Recommendations to the Government of Saskatchewan to Address Aboriginal Mental Health Issues*, a wide-reaching distribution of the report was agreed to by MHAC. Distribution of the report and an invitation for dialogue and feedback will be initiated with: the Federation of Saskatchewan Indian Nations, Tribal Councils, district health boards, district mental health advisory committees, mental health inpatient services, Ministers of Justice, Education and Social Services, educational institutions, and community-based organisations.

Priority Areas for 2000-01 (Workplan)

Council has identified a number of priority areas they would like to review in the upcoming year. They include the following:

- **Child and Youth Issues** will be the primary focus of Council over the next year.
  - The Child's Advocate Office will be invited to a Council meeting.
- **Seniors' Issues** will also be a focus of Council over the next year.
- **Concurrent Disorders** –
  - Work will continue as follow-up to the efforts of the ADAAC/MHAC Concurrent Disorder Subcommittee.
- **Continuing Council Education** –
  - Site visits to mental health services in Saskatchewan
  - Guest speakers on areas of priority

Appendix A- Council Membership for 1999-00

Council members for the term 1999-00 were as follows:

Helene Dorsch - Ms Dorsch graduated from the Saskatchewan Hospital Weyburn in 1962. She received her RPNAS (SPNA) registration and worked as a senior nurse and nurse III at the Weyburn Psychiatric Centre, then Weyburn Mental Health Centre for 22 years. In 1984, she relocated to Moosomin as a CMHN. She has lobbied for changes in *The Mental Health Services Act*, integration, co-ordination and accessibility of mental health services. She is presently serving a second term as a member of the Pipestone District Health Board.

Dave Elliot – Mr. Elliot is a self-employed insurance salesperson and financial planner with an office in Indian Head and Regina since 1984. He has been active in mental health issues all of his adult life. He is currently the President of the Depression and Manic Depression Support Co-operative of Regina. Mr. Elliot is married to Susan Fricker-Elliot and has three long-term foster children. Mr. Elliot has a Bachelor of Arts in English and History from the University of Alberta (1976).

Anita Jackson – Ms Jackson completed two three-year terms on Council as of September 2000. While on Council, she represented Northern Saskatchewan residents and was interested in issues related to drugs and alcohol and family violence. Ms Jackson has also been involved as a volunteer with the La Ronge Battered Women's Shelter and the La Ronge Friendship Centre.

Nancy Masuskapoe - Ms Masuskapoe resigned effective September 1999. Ms Masuskapoe brought the perspective of a professional Aboriginal woman with a continuous commitment to ongoing education. She also brought the experience of a person with a family member who has been diagnosed with schizophrenia. Ms Masuskapoe has a social work background. Ms Masuskapoe has worked in northern Saskatchewan.

Harland Magneson – In 1998, Mr. Magneson retired from the University of Regina where he had been a Professor with the Faculty of Social Work. Prior to his retirement, he was employed in social work education for nearly three decades. He has also been employed in family and mental health for more than a decade. During his social work career he was an advocate for families and persons experiencing systems conflict. As a grandparent, he has continued interest in advocating for a healthy society.

Marcia Mirasty - Ms Mirasty is an employee of the Meadow Lake Tribal Council Health and Social Development Office. She has a Bachelor of Arts (Honours) degree and a certificate in Indian Community Career Counselling with the Saskatchewan Indian Federated College (SIFC). She is familiar with First Nation health and social development issues. She has been a member of the Midwifery Advisory Committee for Saskatchewan Health, and is currently a Northwest Health Board member. Ms Mirasty is a Canoe Lake First Nation member, currently residing on the Flying Dust First Nation. Ms Mirasty's areas of interest include: addressing wellness issues; community planning and development; and exploring the integration of programs and services to best meet the needs of First Nations people.

Rose Morris - Ms Morris is a psychiatric nurse and has worked in acute psychiatry at Royal University Hospital and Community Mental Health, Crisis Management Service in Saskatoon. She is the Past President of the Canadian Mental Health Association in Saskatchewan and represents Saskatchewan on the National Board of the CMHA. Ms Morris has served on a subcommittee of the Mental Health Advisory Council. Currently, she is the Executive Director of the Saskatoon Friendship Inn, a soup kitchen providing meals and social programs to people living in poverty in Saskatoon's inner city.

Sherryl Mydonick – Currently, Ms Mydonick is employed with the Orcadia Youth Centre in Yorkton. Her educational background is in intervention (Suicide Intervention Trainer and Non-Violent Crisis Intervention). Currently she is working towards a degree in social work. Ms Mydonick has knowledge of First Nations culture and traditions and is fluent in Dakota (Sioux). In 1995, Ms Mydonick was appointed to the East Central Health District Board.

Dr. K.V. Ramachandran – Dr. Ramachandran holds a specialist qualification in psychiatry from the United Kingdom. He has been practising psychiatry since 1976. He has worked in England as well as Ontario before moving to his current position as chief psychiatrist at Saskatchewan Hospital in 1990. In addition to his administrative functions, he provides clinical psychiatry services to the Forensic Program and Psychiatric Rehabilitation program at the hospital. His current professional interests include rehabilitation psychiatry, forensic psychiatry, schizophrenia, substance abuse disorders, community psychiatry and use of computers in psychiatric practice. Dr. Ramachandran is a current member of numerous associations including the Canadian Psychiatric Association, the Saskatchewan Psychiatric Association, the Canadian Association of Psychiatry and Law, and the Canadian/Saskatchewan Medical Association.

Shirley Skelton - Mrs. Shirley Skelton is a retired registered nurse with family members who suffer from depression and schizophrenia. She is president of the provincial board of the Schizophrenia Society and a member of the Central Saskatchewan Mental Health Rehabilitation Coordinating Council. She is also involved on the planning committees of two conferences related to mental health issues.

Marion Solberg - Ms Solberg is a retired nurse with 30 years of experience in the health care field in various areas of acute care hospitals. She is a past member of the Rolling Hills Health Board. Ms Solberg has served in many managerial positions in her profession and district. She also represents consumer interest in the system as she has raised a daughter with what appeared to be FAS-FAE who was later diagnosed as an adult with a metabolic genetic disorder which has been very successfully treated since.

David Surjik – Mr. Surjik served on the Consumer Advisory Committee of the Canadian Mental Health Association. He was also a board member for two years of the New Horizon's Dance Board. Mr. Surjik was instrumental in getting changes to SGI regulations for persons disabled with schizophrenia who wish to hold a driver's licence.

Alice Waldie - Ms Waldie has been a professional educator since 1969. She has extensive experience as a classroom and special education teacher, consultant, supervisor of student services, vice principal and currently principal at St. Francis School. As well, she has been an assistant professor (Educational Psychology and Special Education). Ms Waldie has a personal and professional interest in appropriate mental health services for children and youth. She is a member of the Regina Health District's Mental Health Advisory Committee.

Appendix B – Summary of Expenditures

	1997-98	1998-99	1999-00
Honorarium	**$5,335**	**4,283**	**3,693**
Professional/Technical Services	**---**	**110**	**---**
Duplication	**---**	**---**	**---**
Travel for non-government employees	**463**	**2,549**	**445**
Travel for Council Members	**7,436**	**6,746**	**5,368**
Business Expenses and Room Rental	**---**	**271**	**1,605**
Total	**13,234**	**13.959**	**11,111**

Appendix C – Presentation Guidelines for Community Interest Groups

Requests may be made to MHAC for meeting agenda time to make either verbal or written presentations to the Council. These presentations are an opportunity for interest groups and individuals to bring issues before the Council, and an opportunity for the Council to receive information/education regarding specific issues.

Written Presentations:

1. Send your written request and presentation outline to:

   Pat Inglis
   Saskatchewan Health
   Community Care Branch
   3475 Albert Street
   Regina, Saskatchewan
   S4S 6X6

   Telephone: (306) 787-7901
   Fax: (306) 787-7095

2. Applicants will be notified within thirty (30) days of receipt of request regarding the meeting date at which their presentation will be discussed. Council response will be provided within forty-five (45) days of presentation.

3. Presentation outlines should be no longer than two (2) pages and should contain information regarding the specific issue discussed (including background), the presenters involvement with the issue and any recommendations regarding the issue, including how recommendations will address the problem or issue.

Personal Presentations:

1. As in Written Presentations #1.

2. Applications will be notified within thirty (30) days of receipt of request regarding the date, time and place of the meeting at which they will make their presentation. Council response to the presentation will be provided within forty-five (45) days of the presentation.

3. Presentation outlines should be no more than one (1) page and should be formatted to provide a ten (10) minute verbal presentation to Council and allow ten (10) minutes for questions, for a total of twenty (20) minutes.